

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02710 CERTIFICATE OF DEATH

02720

51

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Cabell MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Cabell	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick	c. LENGTH OF STAY IN 1b 3 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Durby x2	d. STREET ADDRESS — 1
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cabell County Hospital Annex		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MOLLIE E. B. BOWEN	First	Middle	Last
4. DATE OF DEATH	Month May	Day 30	Year 1957
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> 8. DATE OF BIRTH May 18, 1861	9. AGE (In years last birthday) 95 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Cabell County
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George W. Bowen Sr.	
14. MOTHER'S MAIDEN NAME Mary Ann Wilkins		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT Mr. Howard J. Parcher - Durby, Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 792X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 3/14, 1957, to 3/30, 1957, that I last saw the deceased alive on 3/29, 1957, and that death occurred at Durby, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED			
ACTUAL SIGNATURE Page E. Jett M.D.		PHYSICIAN'S NAME (Type) Page E. Jett Prince Frederick Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Apr. 1, 1957	
22c. NAME OF CEMETERY OR CREMATORIUM St. Paul's Cemetery		22d. LOCATION (City, town, or county) Durby - Cabell Co - Md (State)	
23. FUNERAL DIRECTOR'S SIGNATURE A. A. Harkness & Son - Mutual, Md.		24a. REC'D BY REGISTRAR DATE 4-1-57	
		24b. REGISTRAR'S SIGNATURE N. W. Ward	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be used with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU Y. S.
RECEIVED

APR 3 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02721

02711

CERTIFICATE OF DEATH

Reg. Dist. No.

51

L. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland		b. COUNTY Calvert		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital		d. STREET ADDRESS 1 Maryland		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)	First Newborn	Middle Baby	Last Brooks	4. DATE OF DEATH 3-10-57	Month Month	Day Day	Year 19	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/10/57	9. AGE (In years last birthday) yrs. 1	10. IF UNDER 1 YEAR Months 1	11. IF UNDER 24 HRS. Days 1	12. Hours 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME James Oliver Foote		14. MOTHER'S MAIDEN NAME Mildred Brooks		Address				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Father		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 795.5 DUE TO Candilians, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	Day	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) St. John's	20f. (City or town) Baltimore	(County) Baltimore	(State) Md.	
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____.		M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) R. S. & Son DATE SIGNED 3/10/57						
ACTUAL SIGNATURE <i>R. S. & Son</i>	PHYSICIAN'S NAME (Type) Dr. Roberto de Villarreal	22a. BURIAL, CREMATION, REMOVAL (Specify) 3-11-57 22b. DATE THEREOF 3-11-57 22c. NAME OF CEMETERY OR CREMATORIAL St. John's 22d. LOCATION (City, town, or county) Baltimore (State) Md.						
23. FUNERAL DIRECTOR'S SIGNATURE P. E. Jewell		ADDRESS Dr. Frederick M.D.	24a. REC'D BY REGISTRAR DATE 3-11-57 24b. REGISTRAR'S SIGNATURE H. W. Ward					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that this death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be delivered for use as the burial-transit permit. Then please ~~keep~~ carbon copies. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU Y.
RECEIVED
MAR 12 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02722

02712

CERTIFICATE OF DEATH

Reg. Dist. No. 51

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
 page 3 should be dated for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4)
1SM 9/55

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>MARYLAND</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. LENGTH OF STAY IN 1b <i>20 days</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert County Hospital</i>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <i>Hilda</i>	Middle <i></i>	Last <i>Gross</i>
4. DATE OF DEATH <i>3 13 1957</i>	Month <i>3</i>	Day <i>13</i>	Year <i>1957</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7-1-1913</i>
9. AGE (In years last birthday) <i>46 yrs.</i>		10. IF UNDER 1 YEAR Months <i></i> Days <i></i>	11. IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife -</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>House-wife</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>James Baragars</i>		14. MOTHER'S MAIDEN NAME <i>Josephine Coates</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Lawrence Gross - St. Leonard, Md.</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cancer of Cervix, uterus.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. <i>171X</i>		(b) DUE TO <i></i>	
(c) DUE TO <i></i>			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p. m. <i></i>		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) <i></i> (State) <i></i>	
21. I certify that I attended the deceased from <i>2/21</i> , 19 <i>57</i> , to <i>3/13</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>3/13</i> , 19 <i>57</i> , and that death occurred at <i></i> , M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>Berkeley Frederick 3/13/57</i>			
ACTUAL SIGNATURE <i>PAGE C. JETT</i>		DATE SIGNED <i></i>	
PHYSICIAN'S NAME (Type) <i>PAGE C. JETT M.D.</i>		M.D.	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		22b. DATE THEREOF <i>2/17/57</i>	
22c. NAME OF CEMETERY OR CREMATORIUM <i>Cemetery Brooks M. Church</i>		22d. LOCATION (City, town, or county) (State) <i>Calvert County, Maryland</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Leroy E. Berry</i>		ADDRESS <i>Huntingtown, Md.</i>	
24a. REC'D BY REGISTRAR DATE <i>3-18-57</i>		24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	

CERTIFICATE OF DEATH

BUREAU V.

MAR 19 1957

RECEIVED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending", in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-travel permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02713 MEDICAL EXAMINER'S CERTIFICATE OF DEATH										02723 37	
										Reg. Dist. No.	
1. PLACE OF DEATH a. COUNTY Calvert MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE D.C. b. COUNTY						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willows			c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS 5601 Western Avenue					e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First Paul	Middle B.	Last Herbert	4. DATE OF DEATH 3		Month 31	Day 19	Year 57		
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH 3-6-1937	9. AGE (In years last birthday) 20 yrs.		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Clerk					11. BIRTHPLACE (State or foreign country) Safeway Stores Inc. Wash. D. C.					12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Earl T. Herbert					14. MOTHER'S MAIDEN NAME Lula Clubb						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 981X					16. SOCIAL SECURITY NO. 578-48-0676		17. INFORMANT Earl T. Herbert			Address 5601 Western Ave Wash. D. C.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Hemoperitoneum										INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. gunshot wound of lower left abdomen											
DUE TO (b) gunshot wound of lower left abdomen											
DUE TO (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. Shot by a friend during a shooting game					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour 12:30 p.m.		Month, Day, Year 3 31 1957	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Woods		20f. (City or town) Willows		(County) Calvert	(State) Md	
21. I certify that I took charge of the remains described above, held on Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Undetermined cause <input type="checkbox"/> .											
ACTUAL SIGNATURE <i>R.S. Fisher</i>		M.D. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>								DATE SIGNED 4-1-57	
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.											
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4-4-57		22c. NAME OF CEMETERY OR CREMATORIAL Gate of Heaven		22d. LOCATION (City, town, or county) Silver Spring, Mont. Md.		(State)			
23. FUNERAL DIRECTOR'S SIGNATURE Francis J. Collins		ADDRESS Wash. D. C. 3821 14th. St. N.W.		24a. REC'D. BY REGISTRAR APR 5 1957		24b. REGISTRAR'S SIGNATURE Blue Cox					
VS. ATSM(5) 5M 9/55											

ST. LOUIS FIELD OFFICE
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

BUREAU U. S.

APR 5 1957

RECEIVED
FBI - ST. LOUIS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02724

02714 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 51

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY Cabot		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) b. STATE Md b. COUNTY Cabot	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brantley		c. LENGTH OF STAY IN 1b X days	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) William		First	Middle
4. DATE OF DEATH Holland		DATE OF DEATH	Month 3 Day 7 Year 1957
5. SEX M	6. COLOR OR RACE C	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH ?
9. AGE (In years last birthday) 85 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) John	10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Hall		14. MOTHER'S MAIDEN NAME Rachel Holland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Alonzo Reid, Huntington, Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.1 Cardiovascular disease DUE TO			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause, if any. (b) Eye			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Brantley
(County) Cabot	(State) Md	20f. CITY OR TOWN (City, town, or county) Huntington	
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE H.W. Ward	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		
EXAMINER'S NAME (Type) H.W. Ward	DATE SIGNED 3/7/57		
22a. BURIAL/CREMATION, REMOVAL (Specify) REMOVAL	22b. DATE THEREOF 5-7-57	22c. NAME OF CEMETERY OR CREMATORIAL Paluxent	22d. LOCATION (City, town, or county) Huntington
(State) Md		(State) Md	
23. FUNERAL DIRECTOR'S SIGNATURE P.E. Sevell Jr. Fred Md		ADDRESS	24a. REC'D BY REGISTRAR DATE 3-9-57
			24b. REGISTRAR'S SIGNATURE H. W. Ward

BUREAU V. S.

MAR 12 1957

REGEV E D

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be dated for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02715

Item 9 film

CERTIFICATE OF DEATH

02725

51

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Md</i>		b. COUNTY <i>St. Mary's</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. LENGTH OF STAY IN 1b <i>1 mo.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>California</i>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert Co. Nursing Home</i>		d. STREET ADDRESS <i>—</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First <i>Annie</i>	Middle <i>Livingston</i>	Last <i>—</i>	4. DATE OF DEATH Month <i>Mar</i>	Month <i>12</i>	Day <i>12</i>	Year <i>1957</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 2 1877</i>	9. AGE (In years (On birthday) <i>80 yrs</i>	10. IF UNDER 1 YEAR Months <i>—</i>	11. IF UNDER 24 HRS. Days <i>—</i>	Hours <i>—</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Charles Hale</i>		14. MOTHER'S MARRIED NAME <i>Annie Hale</i>		Address <i>Charles B. Livingston - California - Md</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>—</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>—</i>		INTERVAL BETWEEN ONSET AND DEATH <i>—</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypertensive cardiovascular disease</i> DUE TO 442x Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m.	Month 19	Day	20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> off work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) <i>Huntington, Md</i>	(County) <i>—</i>	(State) <i>—</i>
21. I certify that I attended the deceased from <i>1 Jan 1957</i> to <i>12 Mar 1957</i> , that I last saw the deceased alive on <i>10 Mar 1957</i> , and that death occurred at <i>12:05</i> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) M.D. <i>Huntington, Md 12 Mar 57</i>							
DATE SIGNED <i>—</i>							
ACTUAL SIGNATURE <i>G. J. Weems</i>							
PHYSICIAN'S NAME (Type) <i>G. J. Weems</i>		HUNTINGTON, MD.					
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>3/14/57</i>	22c. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i>		22d. LOCATION (City, town, or county) <i>Baltimore</i>		(State) <i>Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>W. Clarke Mattingley - Leonardtown, Md.</i>		ADDRESS <i>—</i>		24a. REC'D BY REGISTRAR DATE <i>3-13-57</i>		24b. REGISTRAR'S SIGNATURE <i>J. Ward</i>	

RECEIVED

MAR 15 1957

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02726

02716 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH a. COUNTY Cabell MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Md b. COUNTY Cabell				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick	c. LENGTH OF STAY IN lb	d. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS				
3. NAME OF DECEASED (Type or print)	First	Middle	Last			
4. DATE OF DEATH	Month	Day	Year			
S. SEX M	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 4, 1891 60	9. AGE (in years last birthday) yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. NAME OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Md		
12. CITIZEN OF WHAT COUNTRY? Prince Frederick						
13. FATHER'S NAME Alvin Gross		14. MOTHER'S MAIDEN NAME Mary Juvine				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give rank and service 1918		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Mary Juvine, Prince Frederick Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		442X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		Cardio vascular renal disease Hypertension		
DUE TO (b)		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)
21. I certify that I attended the deceased from _____, 19_____, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred at 4:30A M, from the causes and on the date stated above. ACTUAL SIGNATURE H.W. Ward M.D. ADDRESS (Street, city or town, state) Owings Md DATE SIGNED						
22a. BURIAL, CREMATION, REMOVAL (Specify) Apr. 1, 1957		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORIUM Browns.		22d. LOCATION (City, town, or county) Port Republic (State) Md
23. FUNERAL DIRECTOR'S SIGNATURE P.T. Seewald		ADDRESS Prince Fred, Md		24a. REC'D BY REGISTRAR DATE 4-1-57		24b. REGISTRAR'S SIGNATURE H.W. Ward

STATE OF CALIFORNIA - DIVISION OF STATE PROPERTY - RECEIVED

RECEIVED - APR 3 1967

BUREAU Y. S.
RECEIVED - APR 3 1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
page 3 should be detached and for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2 Film C213 J-3-57 et

02727

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH a. COUNTY <i>Owings</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Md</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Owings</i>	c. LENGTH OF STAY IN 1b <i>1 week</i>	b. COUNTY <i>Owings</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>—</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Owings</i>	
d. STREET ADDRESS <i>—</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Florence Smothers</i>		First <i>Florence</i>	Middle <i>Smothers</i>
4. DATE OF DEATH <i>3 24 1957</i>	Month <i>3</i>	Day <i>24</i>	Year <i>1957</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>—</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>—</i>
9. AGE (In years at birthday) <i>75</i>	10. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (State or foreign country) <i>Md</i>	12. CITIZEN OF WHAT COUNTRY? <i>—</i>
13. FATHER'S NAME <i>Jamison Holland</i>	14. MOTHER'S MAIDEN NAME <i>Louise Wilburn</i>	Address <i>—</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, or unknown) <i>151X</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT <i>—</i>	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio vascular renal disease</i>
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. <i>—</i>		(b) <i>Carcinoma of stomach</i>	INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs</i>
DUE TO <i>—</i>		(c) <i>—</i>	2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <i>—</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>—</i>	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>Jan 19 1957</i>	20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at home <input type="checkbox"/> <i>—</i>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>—</i>	20f. (City or town) (County) (State) <i>—</i>
21. I certify that I attended the deceased from <i>Jan 1957</i> to <i>March 24, 1957</i> that I last saw the deceased alive on <i>3/23 1957</i> , and that death occurred at <i>5 A.M.</i> from the causes and on the date stated above. ACTUAL SIGNATURE <i>H. W. Ward</i> M.D. ADDRESS (Street, city or town, state) <i>—</i> DATE SIGNED <i>3/4/57</i>			
22a. BURIAL/CREMATION REMOVAL (Specify) <i>—</i>		22b. DATE THEREOF <i>3-27-57</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Mt. Hope</i>
22d. LOCATION (City, town, or county) <i>Sunderland</i>		(State) <i>md</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>P. E. Sewell. Owner Fred</i>		ADDRESS <i>—</i>	24a. REC'D BY REGISTRAR DATE <i>3-26-57</i>
			24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>

BUREAU V. S.

MAR 27 1957

RECEIVED